VSH FUTURES CARE MANAGEMENT WORK GROUP
APRIL 28, 2006
Minutes

Participants

Bob Pierattini, FAHC/UVM; Bob Jimmerson, CSAC;
Stan Baker, HCHS; Tom Simpatico, VSH/FAHC/UVM; Scott Thompson;
Isabella DeJardin, FAHC/UVM; Stuart Graves, WCMH/NKHS;
Timothy Rockcress, RRMC; Greg Miller, Retreat Healthcare;
Nick Emlen, VCDMHS; Richard Lanza, LCMH; Michael Sabourin

Staff
Bill McMains, Patti Barlow, Beth Tanzman

Agenda:

- Structure for Care Management System
- Progress in Protocol Development
- Update: Futures Plan approved by MH Oversight Committee

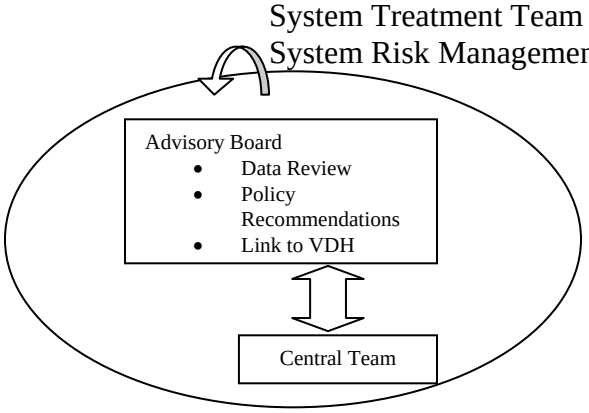
Structure for Care Management System: Nick Emlen

Nick reviewed the current functions of the Acute Care Team and the lines of policy and oversight between the executive branch legislative branches, AHS, the courts, community MH system, Private Providers etc.

Observations:

- This shows that there are multiple places the oversight and authority
- Complex system
- Conflict is a mark of a functional system, dysfunction is when conflicts are not adequately resolved

Secretary Charlie Smith's report: shift from a system of cooperation to one of interdependence.



Richard clarified what he means by "risk". Risk is shared by the whole system and includes:

- legal risks is caring for a client who is as risk for safety –harm to self/others
- liability insurance costs for a single organization versus the whole state
- risks in serving clients when there aren't enough resources –financial and human to do it well. Under the current arrangement each organization assumes responsibility /risk for its own program. We could envision a system in which risk is held collectively.

Discussion followed, Bob summarized offering that:

- we aspire to system of shared responsibility/collaboration but in spirit we operate separately;
- as Doctors, we have the responsibility to work with everyone to get what a patient needs;
- it is difficult to demonstrate negligence if everyone is working together to create consensus clinical plan;
- a Care Management system that can produce data, quality, and measure standards will improve our services; and
- we need to develop an agreement about who has the authority to make decisions in emergency.

Inpatient medical directors will draft an algorithm or bubble diagram reflecting the concepts of the past discussion.

Protocol Development

Stuart offered draft admission criteria for Community Recovery Residential Programs. In addition, he offered a table and text conceptualizing a series of rules governing how clients/patients could move between different levels of care in the system.

The next meeting is tentatively scheduled for June 9th from 9:00 – 11:00.